

Effective October 1, 2001

109/94/0521

CLAIMS AS FILED - PART I

| (Column 1) | (Column 2) |
|---|--------------|
| TOTAL CLAIMS | |
| NUMBER FILED | NUMBER EXTRA |
| ADJUSTABLE CHARGEABLE CLAIMS | minus 20 = * |
| DEPENDENT CLAIMS | minus 3 = * |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> | |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE | FEE | | RATE | FEE |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 370.00 | OR | BASIC FEE | 740.00 |
| X\$ 9= | | OR | X\$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL | | OR | TOTAL | |

If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| (Column 1) | (Column 2) | (Column 3) |
|---|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| total | 20 | = |
| dependent | 5 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------|----------------|----|------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL | | OR | TOTAL | |
| ADDIT. FEE | | OR | ADDIT. FEE | |

| (Column 1) | (Column 2) | (Column 3) |
|---|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| total | 20 | = |
| dependent | 5 | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------|----------------|----|------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL | | OR | TOTAL | |
| ADDIT. FEE | | OR | ADDIT. FEE | |

| (Column 1) | (Column 2) | (Column 3) |
|---|------------------------------------|---------------|
| CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| total | | = |
| dependent | | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------|----------------|----|------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X42= | | OR | X84= | |
| +140= | | OR | +280= | |
| TOTAL | | OR | TOTAL | |
| ADDIT. FEE | | OR | ADDIT. FEE | |

If entry in column 1 is less than the entry in column 2, write "0" in column 3.
 * Highest Number Previously Paid For in THIS SPACE is less than 20, enter "20."
 * Highest Number Previously Paid For in THIS SPACE is less than 5, enter "5."
 * Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1.